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| Date: | Prevention Provider: | Intervention Name: Cycle Number: |
|-------|----------------------|-------------------------------------|

HIV Prevention Program Participant Form I (completed at first session)

The following information is needed to identify you as a participant in this program while maintaining your confidentiality.

| | | |
|--|---|---------------------------|
| 1 st & 3 rd letter of your first name _____ | 1 st & 3 rd letter of your last name _____ | |
| Your birth date (month/day/year): _____/_____/_____ | Your age: _____ | State of Residence: _____ |

The following information will be used for reporting program participant demographics only.

| Gender (fill in only one) | Ethnicity (fill in only one) | Race (fill in only one) | | |
|--|--|---|--|--|
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender-MTF <input type="checkbox"/> Transgender-FTM | <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Ethnicity Unknown | <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> _____ |

HIV Risk Behavior Questionnaire

We need your help! Your open and honest answers to the following questions will help us provide evidence that programs like this one make a difference in people's lives. We realize these questions are very personal, but please be assured that your answers are confidential and the people who use this information will not know your identity. Thank you for your help.

1. Which best describes the number of different sexual partners you have had in the last 3 months?

- | | |
|--|---|
| <input type="checkbox"/> 10 or more partners | <input type="checkbox"/> 2-3 partners |
| <input type="checkbox"/> 7-9 partners | <input type="checkbox"/> 1 partner |
| <input type="checkbox"/> 4-6 partners | <input type="checkbox"/> abstinent (no anal or vaginal intercourse) |

2. The last time you had sex (anal or vaginal intercourse); did you or your partner use a condom?

- | | | |
|-----------------------------|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Never had sex |
|-----------------------------|------------------------------|--|

3. If asked to demonstrate how to use a condom correctly, do you feel confident that you can do this?

- | | |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|-----------------------------|------------------------------|

4. Thinking back over the last 3 months, which best describes your use of condoms for vaginal intercourse?

- | | |
|--|--|
| <input type="checkbox"/> Did not have vaginal intercourse | <input type="checkbox"/> Used condoms at least 50% of the time |
| <input type="checkbox"/> Never used condoms | <input type="checkbox"/> Used condoms at least 75% of the time |
| <input type="checkbox"/> Used condoms at least 25% of the time | <input type="checkbox"/> Used condoms 100% of the time |

5. Thinking back over the last 3 months, which best describes your use of condoms for anal intercourse?

- | | |
|---|---|
| <input type="checkbox"/> Did not have anal intercourse | <input type="checkbox"/> Used condoms approximately 50% of the time |
| <input type="checkbox"/> Never used condoms | <input type="checkbox"/> Used condoms approximately 75% of the time |
| <input type="checkbox"/> Used condoms approximately 25% of the time | <input type="checkbox"/> Used condoms 100% of the time |

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First Session HIV Risk Behavior Questionnaire continued

6a. Have you ever used injection drug equipment (including syringes, needles, cookers, & cottons)?

- ☐ No (skip 6b and 6c) ☐ Yes (please answer 6b and 6c)

6b. If yes, when was the last time you shared or used unclean drug injection equipment?

- ☐ Within the last 30 days – As best as you can recall, how many times did you use within this time?
☐ 1 time ☐ 2-5 times ☐ 6-9 times ☐ 10-19 times ☐ 20-29 ☐ 30 and over
- ☐ Within the last 3 months – As best as you can recall, how many times did you use within this time?
☐ 1 time ☐ 2-5 times ☐ 6-9 times ☐ 10-19 times ☐ 20-29 ☐ 30-49 ☐ 50 and over
- ☐ More than 3 months ago
☐ More than 6 months ago
☐ Over 1 year ago
☐ I've never shared drug injection equipment

6c. Of the following, which best describes the last time you used?

- ☐ shared or reused unclean syringe and injection equipment
☐ used new, sterile drug injection equipment
☐ shared disinfected syringe (cleaned with bleach) and used new cottons and cookers

End of survey.

Thank you for providing us with this information. We value your responses and hope you find the program helpful in reducing your risk for HIV and other STDs.